

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35775

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948

Registration District No. 43

Primary Registration District No. 3009

State File No.

Registrar's No. 400

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME John Franklin Vincent

3. (b) If veteran,

name war none

3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August 3 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 3 27 hr. min.

9. Birthplace Harrisburg Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farthing

11. Industry or business —

MOTHER FATHER { 12. Name Charles Vincent
13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Rutledge
15. Birthplace unknown Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luther Rutledge

(b) Address Poplar, Missouri R.R.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown's Chapel Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Missouri

19. (a) 12/6/48 (b) A. J. Mendenhall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1948 hour — minute 3:00 p. M.

21. I hereby certify that I attended the deceased from 11-26 1948 to 11-30 1948
that I last saw him alive on 11-30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Duration

Due to Diabetes mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature Landess (D. or other)

Address Poplar Bluff Date signed 12-4-48

RECEIVED

District Health Office No. 2,

District File Number 12-48-16-43

Date Filed 12-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.